

DELAWARE CORRECTIONAL CENTER

COUNSELOR

DATE

MEMO TO:

S.B.I.

BLDG. D

FROM:

I.B.C.C.

RE:

CLASSIFICATION

Your M.D.T. has recommended you for the following:

*Carl med/High*

The I.B.C.C.'s decision is to:

☒ Approve☐ Not Approve☐ Defer☐ Recommend☐ Not Recommend

## BECAUSE

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of Program Participation  | <input type="checkbox"/> Time remaining on sentence      |
| <input type="checkbox"/> Pending adjustment boards  | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated  | <input type="checkbox"/> Poor institutional adjustment   |
| <input type="checkbox"/> Open Charges   | <input type="checkbox"/> Serious nature of offense       |
| <input type="checkbox"/> Program does not meet your needs   | <input type="checkbox"/> Prior criminal history          |
| <input type="checkbox"/> Lack of evidence you have addressed your problem in a serious manner   |  |
| <input type="checkbox"/> Failure to address treatment issues in relation to your offense  |  |
| <input type="checkbox"/> You present a current and continuous danger to the safety of staff, other inmates, or the good order of the institution. |  |

OTHER

*Rec. 9/98*

## ADDITIONAL COMMENTS:

- ☒
- Develop treatment plan with counselor.

## APPROVED

## RECOMMEND

- ☐ N.A.
- ☐ A.A.
- ☐ G.E.D.
- ☐ P.R.C.
- ☐ Laundry Outside/Ongrounds
- ☐ HS Education
- ☐ W Kitchen
- ☐ Evening Greentree
- ☐ Central Supply
- ☐ Construction Project
- ☐ Violent Offenders Program

- ☐ S.A.R.
- ☐ Highway Project
- ☐ Family Problems
- ☐ (Write Mr. Wallitsch)
- ☐ Greentree (See Counselor)
- ☐ Delaware Vets Cemetery
- ☐ Town of Smyrna
- ☐ MCI
- ☐ SCI
- ☐ MPCJF
- ☐ Medium
- ☐ PTA
- ☐ WR
- ☐ C/C
- ☐ Minimum

000385

cc: Original to Inmate  
Institutional File  
Treatment File

review?

## BUREAU OF PRISONS RECLASSIFICATION FORM #004

DATE: \_\_\_\_\_

I. Vital Indicators/Sentencing Information

Inmate name Hopkins Shane AKA \_\_\_\_\_ Institution CC/OE  
 Institution Number Bargh SBI Number 253918 Date of Birth 0-5-73  
 Present Offense(s) Burglary 2nd (8cts)  
 Most Serious Offense Burglary (8cts)  
 Level V Sentence: Year(s) 16 Month 00 Day(s) 00 Truth in Sentence Yes ☒ No ☐  
 Sentence Effective Date 3-7-95 STRD 8-12-09 PE Date \_\_\_\_\_ Rehearing Date \_\_\_\_\_  
 Mandatory: Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) 7-31-2009 Level IV Sentence? Yes ☒ No ☐  
 Detainer(s)? Yes ☐ No ☒ Open Charge(s)? Yes ☐ No ☒ 4204K? Yes ☐ No ☐  
 Escape/Attempted Escape on Record? Yes ☐ No ☐ Category \_\_\_\_\_

II. Program Request/Change or Recommendation

Request: Work Release ☐ Supervised Custody ☐ Work Release/Supervised Custody ☐  
 Halfway House Worker ☐ Highway Work Project ☐ Community/Governmental Service Project ☐  
 Furlough ☐ To See: Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 Comments \_\_\_\_\_  
 Off Grounds Status? Yes ☐ No ☒ If yes, state program/assignment for which status is being requested: \_\_\_\_\_  
 Change in Security Level and Institution? Yes ☐ No ☒ If yes, state security level and institution requested: Continue Medium high  
 Has inmate had prior participation in program requested? Yes ☐ No ☐  
 Program \_\_\_\_\_ Number of approvals \_\_\_\_\_  
 Reason(s)/date(s) for failure or return \_\_\_\_\_

Is inmate eligible in accordance with program standards? Yes ☐ No ☐  
 Is exception to standards requested? Yes ☐ No ☐ If yes, give reasons for exception: \_\_\_\_\_

## ADDENDUM TO BOP RECLASSIFICATION FORM #004

Use this sheet to record any additional information which could not be included in the designated spaces on Form BOP-004.

Inmate Name: Hopkins Shane SBI Number: 253918 Institution: DCC/DE

Continue medium high based on amount of time remaining in his sentence. He was a no show for classification.

review : 8/98

D00387



DELAWARE CORRECTIONAL CENTER

Dennis  
COUNSELOR9/17/96  
DATE

MEMO TO:

Steve Hopkins BLDG. 8  
S.B.I. 253918

FROM:

I.B.C.C.

RE:

CLASSIFICATION

Your M.D.T. has recommended you for the following:

Continual Med / HC &amp; SAP

The I.B.C.C.'s decision is to:

☒ Approve ☐ Not Approve ☐ Defer  
☐ Recommend ☐ Not Recommend

## BECAUSE

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of Program Participation  | <input type="checkbox"/> Time remaining on sentence      |
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| <input type="checkbox"/> Program does not meet your needs   | <input type="checkbox"/> Prior criminal history          |
| <input type="checkbox"/> Lack of evidence you have addressed your problem in a serious manner   |  |
| <input type="checkbox"/> Failure to address treatment issues in relation to your offense  |  |
| <input type="checkbox"/> You present a current and continuous danger to the safety of staff, other inmates, or the good order of the institution. |  |

OTHER

Rev 9/97

## ADDITIONAL COMMENTS:

☐ Develop treatment plan with counselor.

## APPROVED

- ☐ N.A.  
☐ A.A.  
☐ G.E.D.  
☐ P.R.C.  
☐ Laundry Outside/Ongrounds  
☐ HS Education  
☐ W Kitchen  
☐ Evening Greentree  
☐ Central Supply  
☐ Construction Project  
☐ Violent Offenders Program

## RECOMMEND

- ☐ S.A.R.  
☐ Highway Project  
☐ Family Problems  
     (Write Mr. Wallitsch)  
☐ Greentree (See Counselor)  
☐ Delaware Vets Cemetery  
☐ Town of Smyrna  
☐ MCI ☐ PTA  
☐ SCI ☐ WR  
☐ MPCJF ☐ C/C  
☐ Medium ☐ Minimum

cc: Original to Inmate  
Institutional File  
Treatment File

D00388

<b>DEPARTMENT OF CORRECTION - TRAC</b>					INS NO.		SBI NO.	
TRACKING, RISK ASSESSMENT, CLASSIFICATION								
NAME-LAST <b>Hopkins</b>		FIRST <b>SHANE</b>		MIDDLE		SOC. SEC. NO. <b>753918</b> [Redacted]		
AKA(S)						D.O.B.-MO. DAY YEAR [Redacted] [Redacted] 23		
STREET ADDRESS <b>[Redacted] 644 Brook Circle</b>					YEARS AT ADDRESS		TELEPHONE ( ) -	
CITY STATE ZIP <b>Glenmore PA</b>					VETERAN Y/N <input type="checkbox"/>			
OFFENSE (TOTAL NO. <u>8</u> )			OPEN CHARGES (TOTAL NO. _____)			PARAMETERS INTERSTATE		
CODE	COURT CODE			CODE	COURT CODE	YRS	MAXIMUM FULL TERM MOS.	DAY
Burg 2nd	(8 cts)					16	EFFECTIVE DATE	
						MO. 03	DAY 07	YEAR 95
						MO. 02	DAY 29	YEAR 2011
						MO.	PAROLE ELIG. DAY	YEAR
MANDATORY TIME Y/N <input type="checkbox"/>	EXPIRATION DATE MO. DAY YEAR	4204K Y/N <input type="checkbox"/>	COURT CODE	EXPIRATION DATE MO. DAY YEAR		MO. 08	STRD. DAY 17	YEAR 2009
ADULT		JUVENILE		AGE AT FIRST ARREST		<b>COMMUNITY EXPERIENCE</b> COMPLETED SUCCESSFULLY REVOKED/RETURNED NEW CHARGES RULES/TECH. VIOLATIONS		
ARRESTS	CONV.	INCAR.	ARRESTS	COMMENTS				
VIOLENT OFFENSES	<i>Extensive</i>							
SEX OFFENSES								
NON-VIOLENT OFFENSES								
ESCAPES								SUP. CUSTODY
<input type="checkbox"/> OFFICIAL <input type="checkbox"/> RESIDENT'S VERSION OF INSTANT OFFENSE(S) - USE OFFICIAL IF AVAILABLE.								
<i>They say I burglarized several houses in Claymont, and Brandywine, between November 95 and June 96.</i>								
HOUSING JOB EDUCATION THERAPY OTHER REVIEW DATE		PRESENT	CODE	RECOMMENDATION	CODE	ICC ACTION		
		<i>Med High</i>		<i>continue</i>		 MONTH <i>09</i> , YEAR <i>96</i>		
		<i>SAR</i>		<i>continue</i>				
MDT MEMBERS PRESENT <i>Dixon, Turner, Spence, Mosozowick</i>						VOTE <i>4-0</i>		
MDT CHAIRPERSON <i>Ardlefor</i>						DATE <i>9-9-96</i>		
ICC CHAIRPERSON						DATE <i>9/7/96</i>		
ICC COMMENTS								

D00389



NAME LAST		HOPKINS, Shane		MIDDLE		JUNIOR		TATIONAL NO.		SBI NO.	
										253918	

  

INMATE PROFILE (CIRCLE)								COMMENTS:
PUBLIC RISK	INSTITUTIONAL RISK	MEDICAL NEEDS	MENTAL HEALTH NEEDS	DRUG/ALCOHOL NEEDS	EDUCATIONAL NEEDS	SKILL LEVEL	WORK HISTORY	
P	I	M	MH	D	E	V	W	
5	5	5	5	5	5	5	5	
4	4	4	4	4	4	4	4	
3	3	3	3	3	3	3	3	
2	2	2	2	2	2	2	2	
1	1	1	1	1	1	1	1	

  

TREATMENT PLAN			
PROBLEM	OBJECTIVE	PLAN OF ACTION	RESULTS
1) Drugs	1) Accept Responsibility with Continue Use	Substance Abuse Counseling	
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)

  

RESIDENT \_\_\_\_\_ PREPARED BY [Signature] SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

  

REASON FOR MDT REC./COMMENTS: Hopkins was sent to DEC classified to Medium High and SAR. This MDT concurs.

  

ADDITIONAL COMMENTS

000390

DEPARTMENT OF CORRECTION - TRAC  
TRACKING, RISK ASSES., CLASSIFICATION

VITAL INDICATORS

NAME -LAST <b>HOPKINS</b>	FIRST <b>SHANE</b>	MIDDLE <b>K</b>	SOC. SEC. NO. <b>253918</b>
AKA(S)	D.O.B.-MO. DAY YEAR <b>10 05 1985</b>		
STREET ADDRESS <b>521 B-44 Rd</b>	YEARS AT ADDRESS <b>3</b>	TELEPHONE <b>610 942-4586</b>	
CITY <b>Gwynedd</b>	STATE <b>PA</b>	ZIP <b>19038</b>	VETERAN Y/N <b>N</b>

SENTENCING INFORMATION

OFFENSE (TOTAL NO. <b>2</b> )	OPEN CHARGES (TOTAL NO. <b>0</b> )	PARAMETERS INTERSTATE <b>L</b>
CODE COURT CODE <b>Burg. 2nd</b>	CODE COURT CODE	MAXIMUM FULL TERM YRS. MOS. DAYS <b>16</b>
		EFFECTIVE DATE MO. DAY YEAR <b>03 03 1995</b>
		MAX. EXPIRATION DATE MO. DAY YEAR <b>02 27 2011</b>
		PAROLE ELIG. MO. DAY YEAR <b>5</b>
MANDATORY TIME Y/N <b>N</b>	EXPIRATION DATE MO. DAY YEAR <b>4204K Y/N N</b>	STRD. DAY YEAR <b>12 2009</b>

CRIMINAL HISTORY SUMMARY

	ADULT			JUVENILE	AGE AT FIRST ARREST	COMMENTS	COMMUNITY EXPERIENCE	WORK RELEASE	SUP. CUSTODY
	ARRESTS	CONV.	INCAR.	ARRESTS					
VIOLENT OFFENSES	-	-	-	-					
SEX OFFENSES	-	-	-	-					
NON-VIOLENT OFFENSES	<b>171</b>	<b>2</b>	<b>1</b>	-					
ESCAPES	-	-	-	-					

☐ OFFICIAL ☒ RESIDENT'S VERSION OF INSTANT OFFENSE(S) - USE OFFICIAL IF AVAILABLE.

According to Mr. Hopkins, he burglarized approx. 10 homes in the Craymont area. He apparently had borrowed alot of money for college & had a car payment. He was also high on drugs. Therefore, he required money for bills & his habit (Mug).

CLASSIFICATION INFORMATION

	PRESENT	CODE	RECOMMENDATION	CODE	ICC ACTION	CODE
HOUSING	<b>MPCTF</b>		<b>MED MVR</b>		<b>App'd</b>	
JOB						
EDUCATION			<b>SUBST. ABUSE TREATMENT</b>		<b>App'd</b>	
THERAPY						
OTHER						
REVIEW DATE			MONTH <b>06</b> YEAR <b>1997</b>		MONTH <b>06</b> YEAR <b>97</b>	

MDT MEMBERS PRESENT **LT. McCREANOR** **MR. RIGTERINK** VOTE **2-0**  
 MDT CHAIRPERSON **LT. McCREANOR** DATE **6-13-96**  
 ICC CHAIRPERSON **Lewis** DATE **6/19/96**  
 ICC COMMENTS **Vote - 8-0**

D00391



	NAME -LAST <u>HOPKINS, SH</u>	FIRST <u>S</u>	MIDDLE <u></u>	EDUCATIONAL NO. <u>3</u>	SBI NO. <u>253418</u>
INST. ADJUSTMENT	ADJUSTMENT CONCERNS <u>Write-ups: None</u>				
FAMILY INFORMATION	STATE BORN IN <u>PA</u> STATE RAISED IN <u>PA</u> BY WHOM <u>Parents</u>				
	NEXT OF KIN <u>Parents</u> PARENT/GUARDIAN RESIDENCE: <u>Same</u>				
	SIBLINGS - NO. OF BROTHERS <u>0</u> NO. OF SISTERS <u>0</u> OFFENDER'S BIRTH ORDER <u>1</u> OF <u>1</u>				
	MARITAL STATUS <u>Single</u> SPOUSE'S RESIDENCE				
	DEPENDENTS <u>0</u> RESIDE WITH SUPPORTED BY CODE				
SOCIAL/PSYCH INFORMATION	FAMILY PROBLEMS				
	SUBSTANCE USE/ABUSE <u>Alcohol</u> Y/N <input type="checkbox"/>				
	TREATMENT PLACES & DATES <u>None</u>				
	PSYCHOLOGICAL PROBLEMS/MENTAL EXPLAN <u>None</u> Y/N <input type="checkbox"/>				
	2. EMOTIONAL, 3. BOTH <input type="checkbox"/> Y/N <input type="checkbox"/>				
HEALTH	PHYSICAL HEALTH - IF POOR, EXPLAIN <u>Good</u> G/P <input type="checkbox"/>				
EDUCATION	HIGHEST ED. LEVEL ATTAINED <u>Gr8</u> PLACE <u>Weaver's River Detention Ctr. PA</u> DATE <u>1987</u>				
	ADDITIONAL ED. TRAINING <u>None</u> PLACE DATE				
	EDUCATIONAL NEEDS <u>College</u>				
	EDUCATIONAL INTERESTS <u>College</u>				
EMPLOYMENT HISTORY	OCCUPATION	CODE	SKILL LEVEL		CODE
	EMPLOYER PRIOR TO INCARCERATION <u>*Frank's Nursery &amp; Crafts, Exton, PA (1 yr. Fr)</u>				
	POSITION <u>Stock Clerk</u> EMPLOYED AT TIME OF ARREST? Y/N <input checked="" type="checkbox"/>				
	PRIOR WORK EXPERIENCE				
	LONGEST PERIOD OF EMPLOYMENT (PLACE) <u>Frank's*</u> MOS.				
VOCATIONAL TRAINING (PLACES & DATES) <u>Fitzgerald Morcey Hospital (PA) Nursing Assn.</u>					
VOCATIONAL INTERESTS <u>None</u>					



NAME-LAST		FIRST		MIDDLE		INSTITUTIONAL NO.		SBI NO.	
HOPKINS		SHANE		6 MONTHS		CJF		253918	

  

INMATE PROFILE								(CIRCLE)
3	3	3	3	3	3	3	3	
2	2	2	2	2	2	2	2	
1	1	1	1	1	1	1	1	

  

TREATMENT PLAN			
PROBLEM	OBJECTIVE	PLAN OF ACTION	RESULTS
1) SUBSTANCE ABUSE	1) Stay clean	1) Med/Ther (NCC) 1) SUBSTANCE ABUSE REALITY <del>GROUP</del>	
2) Poor Decision	2) Think & EVAL.	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)

  

INMATE TREATMENT PLAN

RESIDENT Shane Hopkins PREPARED BY P. Fytenik SUPERVISOR Sam Calkins DATE 6/17/96

  

ADDITIONAL COMMENTS

REASON FOR MDT REC./COMMENTS: MR. HOPKINS WAS INCARCERATED FOR BURGLARY 2ND (3 COUNTS) & SENTENCED TO 16 YRS, L#5. THERE ARE NO COURT ORDERED PROGRAMS, NO MANDATORY TIME, ESCAPES OR 4204K, NO OPEN CHARGES OR WRITE-UPS. IT IS HIS REQUEST & MY RECOMMENDATION THAT HE BE TRANSFERRED TO THE ~~REENTRY~~ <sup>SUBSTANCE ABUSE REALITY</sup> PROGRAM AT NCC DUE TO THE LENGTH OF SENTENCE, THE NEED TO ADDRESS HIS SUBSTANCE ABUSE & BEHAVIOR PROBLEMS AND ALLOW HIM TO ATTEND COLLEGE. RECOMMEND ~~REENTRY~~ <sup>SUBSTANCE ABUSE REALITY</sup> (1) ~~MD~~ ~~TH~~

NOTE: RECEIVED APPEAL FROM FRANK LEWIS ON 06/13/96. FRANK TO NOTIFY MIKE MATHEWS.

NOTE: MR. HOPKINS HAS RETAINERS w/ PA & NJ.

000393